

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 1U1579529 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
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50		1				
TOTAL IND.	9					
TOTAL DEP.	98	↔	↔	↔	↔	↔
TOTAL CLAIMS	47	██████████	██████████	██████████	██████████	██████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.					↔	↔
TOTAL DEP.					↔	↔
TOTAL CLAIMS		██████████	██████████	██████████	██████████	██████████

PTO-110 (REV. 11/70)

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